and cervix cancer), supporting clinical scientific research, psychosocial care, education and documentation.

On a regional level the CCC's form independent networks that are linked with experts in every branch of cancer care, facilitating the quick exchange of new insights, methods and information. On a national level the Cancer Centres form a national association, thus enabling knowledge and expertise from a regional level to spread nation-wide. In the field of psychosocial care, the centres develop all kinds of projects, some of which are followed nation-wide.

We mention:
- 'Communication in oncology' a series of training-sessions for nurses, medical specialists and general practitioners. Specific attention is given to aspects that have a negative influence in the communication between patient and health care provider.
- 'Introduction training psycho-energetic therapy', participants are made familiar with the basic principles of psycho-energetic therapy.
- 'Living with cancer', a training in which cancer patients and their next of kin learn to deal with (the consequences of) having cancer.
- 'Structural contact between hospital social workers and cancer patients', a project aiming to facilitate the access to psychosocial care for in-patients. Social workers contact all the patients shortly after they have been informed about the diagnosis and provide them with information about the possibilities of psychosocial care.
- 'Psychosocial registration form', a form which gives a clear indication of the psychosocial condition of the patient and to which extent psychosocial care is needed.
- 'Computerized guide for psychosocial care', a kind of 'yellow page' guide with possibilities of psychosocial care for cancer patients and their next of kin.
- 'Teamwork' a patients guide for a more effective communication with the health professional.

All the projects could only be pulled off thanks to the close co-operation between the health care providers in the cancer field and the Comprehensive Cancer Centres. Several projects could only be carried out through financial support of the Dutch Cancer League and the Ministry of Health Care.

NEEDS ASSESSMENT IN GYNAECOLOGICAL CANCER SURVIVORS AND THEIR PARTNERS
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We report on the progress of a prospective multi-center study on needs of early stage gynaecological cancer patients and their partners with a focus on sexuality. The needs of gynaecological cancer patients will be compared with the needs of early stage breast cancer patients, benign gynaecological patients and 'healthy' women.

Self-report questionnaires are filled out pre-treatment and 6, 8, 10, and 12 months post-treatment (T1-T5).

The following instruments are used: Cancer Rehabilitation Evaluation System—Short Form (Coscarelli Schag),* Questionnaire for Sexual Dysfunctions (Vroege),* Mental Health Inventory (Berwick),* Interactional Problem Solving Questionnaire (Lange) and some additional disease specific questions. Partners will be asked to administer the questionnaires marked with an asterisk (*). Finally the data will reveal the incidence, severity and course of rehabilitation problems during the first year after gynaecological cancer.

In this presentation we will show data of the gynaecological sample (cancer patients n = 75 and their partners; benign n = 75). A comparison will be made between the psychosocial and psychosexual functioning pre-treatment and at 6 months post-treatment.

The desirability of the development of structured psychosocial help for cancer survivors and their partners will be discussed. The feasibility of the Questionnaire for Sexual Dysfunctions to assess sexual dysfunctions within a cancer population will be mentioned briefly.

RESULTS FROM A LONGITUDINAL STUDY OF THE HEALTH-RELATED QUALITY OF LIFE OF PATIENTS WITH CERVICAL CANCER
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A questionnaire consisting of the EORTQ QLQ C-30 and 83 additional questions was used in a descriptive study of the quality of life of patients who have received external beam irradiation with a curative intent for advanced stages of cervical and vaginal cancer. The